

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Gastroenterological Association Inc. PAC

ADDRESS (number and street)

4720 Montgomery Lane Suite 430

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00423228

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer J. Sumner Bell MD

Signature of Treasurer

J. Sumner Bell MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		80700.85
(b) Cash on Hand at Beginning of Reporting Period.....	80700.85	
(c) Total Receipts (from Line 19)	7750.00	7750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88450.85	88450.85
7. Total Disbursements (from Line 31)	1100.00	1100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87350.85	87350.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	2		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	2		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3225.00	3225.00
(ii) Unitemized	4525.00	4525.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	7750.00	7750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7750.00	7750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7750.00	7750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7750.00	7750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1100.00	1100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1100.00	1100.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7750.00	7750.00
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7650.00	7650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Miguel Angel Arenas

Mailing Address 7445 E Tanque Verde Road

City State Zip Code
Tucson AZ 85715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miguel A Arenas MD PC

Occupation

Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : C1601690

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Edmond Jean Bou Assaf

Mailing Address 113 Paddock Cir
Apt 12A

City State Zip Code
Duncansville PA 16635-8350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blair Gastro Associates

Occupation

Gastroenterologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : C1582537

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alice Diane Friedman

Mailing Address 12221 Mopac Expressway North
Austin Diagnostic Clinic

City State Zip Code
Austin TX 78758-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Austin Diagnostic Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2012

Transaction ID : C1587068

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Ralph A. Giannella

Mailing Address 231 Albert Sabin Way
PO Box 670595, ML 595

City Cincinnati State OH Zip Code 45267-0595

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Cincinnati

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 05 / 2012

Transaction ID : C1540615

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian Lockwood Hanson

Mailing Address PO Box 1546

City Ukiah State CA Zip Code 95482-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 03 / 2012

Transaction ID : C1539598

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Brian Lockwood Hanson

Mailing Address PO Box 1546

City Ukiah State CA Zip Code 95482-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 11 / 2012

Transaction ID : C1581281

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Nadeem Hussain

Mailing Address 410 Saybrook Rd

City State Zip Code
Middletown CT 06457-4777

FEC ID number of contributing federal political committee.

C

Name of Employer

M.G.A. (GI)

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : C1584013

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Arnold Levy MD

Mailing Address 19115 Old Baltimore RD

City State Zip Code
Brookeville MD 20833-3225

FEC ID number of contributing federal political committee.

C

Name of Employer

Capital Gastroenterology Consultants

Occupation

Physicians

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2012

Transaction ID : C1601647

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bradley P. Mackler

Mailing Address 924 Middleford Rd

City State Zip Code
Seaford DE 19973-3604

FEC ID number of contributing federal political committee.

C

Name of Employer

Nanticoke Gastroenterology

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2012

Transaction ID : C1539691

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mark E. Mailliard

Mailing Address 982000 Nebraska Medical Ctr
 Gastroenterology & Hepatology

City State Zip Code
 Omaha NE 68198-2000

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 University of Nebraska College of Medi

Occupation
 MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 03 / 2012

Transaction ID : C1539628

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patrick G. Quinn

Mailing Address 1691 Galisteo St, Suite C
 1691 Galisteo St

City State Zip Code
 Santa Fe NM 87505-4780

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Northern New Mexico Gastroenterology A

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : C1602406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Charles Mel Wilcox

Mailing Address 1808 7th Avenue, South, GI Divisio
 Boshell Diabetes Building 380

City State Zip Code
 Birmingham AL 35294-0007

FEC ID number of contributing
 federal political committee.

C

Name of Employer

uab

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2012

Transaction ID : C1589040

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

3225.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Steven Justin Petit

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		30		2012

Mailing Address 630 S Raymond Ave
Unit 240

City Pasadena State CA Zip Code 91105-3283

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Transaction ID : D124957

Amount of Each Disbursement this Period

100.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

100.00
